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ABSTRACT

Some basic maxims of the field of diagnostic/prescriptive testing for academically deficient college students are as follows: the end purpose of diagnostic testing must be, not to screen out prospective students, but to match the available resources of the campus to the strengths and weaknesses of the student; testing is the essential tool in individual-centered developmental education; the traditional academic system must be changed so that a good deal of academic activity is structured around needs revealed by the tests; tests of basic skills should pinpoint specific areas of weakness; and all faculty members should be involved in testing. Morality in testing involves observing the rights of those being tested, using valid tests, and using test findings in a positive and sophisticated manner. A final maxim is that those in the testing field are in a state of disarray. Forty-four institutions in New York, when asked what diagnostic or prescriptive tests they used with educationally disadvantaged students, listed more than 30. The most frequently cited test was "own" test, a self-developed test, used by 17 of the 44 schools. Such disarray indicates a need for more information-sharing among those in the field of testing. (GW)

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Diagnostic Testing and the Disadvantaged Student: A Field in Disarray

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at First Annual Conference on Remedial/Developmental Studies in Postsecondary Education
Chicago, March 18, 1977

We hope to present a glimpse of the State of the Art of diagnostic/prescriptive testing for academically deficient students from a number of perspectives. I'll talk about the few things most of us agree on, including the disarray of the field. Doris Taylor, from her practical experience with disadvantaged students, will tell how to apply what we know practically in differing situations, with some possible models. Bob Fullilove brings some approaches from contemporary research which promise to revolutionize the field.

First, let me elucidate some eleven maxims of this field. You've heard many of these before, including some at this very Conference. But I'll try to summarize here those things which most of us have agreed to agree on.

1. To paraphrase Edgar Epps quoting Bloom, any physiologically whole, reasonably motivated person can master the undergraduate curriculum, given appropriate assistance. (Indeed, one of the wonders in higher education is that so many students so severely crippled can be brought to the college competency level in a very short time.)

2. Therefore, the end purpose of diagnostic testing must be, not to screen out prospective students, but to match the available resources of the campus to the strengths and weaknesses of the student. A faith that the student will succeed should imbue this and every part of the developmental education process.

3. Nationally, the diversity of the student body is increasing while the resources available to higher education are decreasing. This trend will continue for at least the rest of the century.

4. Therefore, diagnostic and prescriptive testing must be as crucial a part of developmental education as tutoring, counseling or teaching. These resources will always be too expensive--because they are by nature labor-intensive--to be scattered or misspent. And testing is our tool for bulleting resources where they are best invested.

   To put it another way, we can no longer "block program" students (if we ever should have is another matter). Diagnostic testing is the essential tool in individual-centered education.

5. For diagnostic/prescriptive testing to be an integral part of the campus structure means that a good deal of academi activity must

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be structured around what the tests reveal is needed. This is the opposite of many current practices, which try to cram students into what is already there. This is then a political as well as a pedagogical matter.

6. The traditional academic system must change if it is to provide those prescribed supports. But to implement change of this type is to threaten other peoples' established patterns and their perceived self-interests. It is a turf problem.

   Again, advocates of effective diagnostic and prescriptive techniques are in a campus political activity and had better know it. Inducing a Chaucerian scholar to teach an effective remedial writing course is at least as difficult as Napoleon's Russian Campaign (with luck, it has a slightly better chance of success).

7. In the basic skills area, tests which can pinpoint specific areas of weakness--not "writes at an eighth grade level" but "has trouble with subject-verb agreement"--are both possible and infinitely more useful.

8. In the area of affect measurement for diagnosis and prescription, we are still babes in the woods. But there is much promise in such increasingly widely used techniques as group interviews, peer ratings and long observation periods such as living/learning pre-freshman summer programs. Bob Fullilove will cover some other trends in this area in greater detail.

9. Testing for diagnosis and prescription is not so arcane that all involved in the academic enterprise cannot and should not understand it. When every aspect of it is assigned--or relegated--to full-time professional "specialists," all too often it becomes a peripheral activity.

   Put another way, testing is too important to be left just to testers.

10. There is a testing morality. Failure to observe it can ruin the best of efforts. These are five of its "commandments." These especially apply to those for whom (the disadvantaged) any test is an implied threat:

    a) Those tested have a right to know that they are in a test situation, what is being measured, and how.

    b) They have a right also to know the results and the implications of those results.

c) Do not use tests whose validity has not been proven to your satisfaction. Have they been normed on your population or a similar one? Can you show that the skills tested for relate to success in your particular environment? (For instance, I wonder why so many students who test poorly in reading succeed to graduation in college. Could it be that in some environments reading is simply not as important as, say, motivation or analytic skills? If so, why test for reading?) If you cannot demonstrate the success relationship, the results will be wasted time for all concerned at best. More pernicious results can come from tests which do little besides separate on the basis of ethnicity or economic status.

d) Never test without a strategy, worked out in advance, for applying the findings in a positive way.

e) Test scores in the hands of unsophisticated persons can be dangerous. Distribution of results must always take this into account.

11. The last maxim, as it were: we're all in terrible disarray. For instance, before coming here I recorded how 44 institutions in New York answered, last month, the question "What diagnostic or prescriptive tests do you use with educationally disadvantaged students?" Here are the tests they named.

California Test of Mental Maturity

Survey of Study Skills and Attitudes (SSSA)

Computation, Applied Arithmetic, Reading and Written Expression Placement Test

Tennessee Self Concept Test

Self-Help Study Skills Inventory

California Achievement Test (parts or all)

Own

Strong Vocational Interest Blank

Cooperative English Test (ETS)

SAT (both aptitude and achievement)

(Cont'd.)

School and College Ability Test (SCAT)

Roetter Incomplete Sentence Blank

Mooney's College Problem Check List

College Qualification Test

Differential Aptitude Test

Strong-Campbell Occupational Interest Inventory

A.C.E. Student Information Form

Nelson-Denney Reading Test

Missouri College English Test

David Reading Test

Durost Word Master

Spitzer Study Skills Test

Minimum Competence Test in Arithmetic Fundamentals

Kelly-Greene Reading Comprehension

Comparative Guidance and Placement Exam

Test of Adult Basic Education

Bennett Mechanical Comprehension Test

Kuder Occupational Interest Survey

McGraw-Hill Basic Skills Test

Raven's Standard Progressive Matrices

Wide Range Achievement Test

New SCII Counseling Aid

Hall Occupational Inventory

Thorndike Dimensions of Temperament Test

Now even given that some persons may be confusing "diagnostic" with "predictive" or other terms, it's clear that--as The Joy of Sex proves in another context--everybody's doing it, but with no uniformity.

What would you guess was the most mentioned? It was "own," or a self-developed test, now being used by 17 of the 44. The CAT was the second most used (16). What this means to me is that, rather than inventing the wheel over and over again, we must share much more information, at conferences like this, through the professional organizations (including the network begun here) and through agencies of government. The potential gains are too great to allow this kind of disarray to continue.